

O P R A M W & C LLP FAXDEPT F#2123548113T#2128197583 (WED) 9. 22' 04 12:38/ST. 12:37/NO. 4864582957 P 2

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Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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007470 7590 09/03/2004

WHITE & CASE LLP
PATENT DEPARTMENT
1155 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

09/22/2004 CNGUYEN1 00000118 10071071

01 FC:2501 665.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/071,071 02/08/2002

John D. Pazienza

1133279-0017

4638

TITLE OF INVENTION: CRIMPABLE INTRALUMINAL ENDOPROSTHESIS HAVING HELICAL ELEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/03/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
CHATTOPADHYAY, URMI		3738	623-001220		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. White & Case LLP

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Orbus Medical Technologies Inc. Fort Lauderdale, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies Four (4)

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1703 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Richard J. Sternner

Date September 22, 2004

Typed or printed name Richard J. Sternner

Registration No 35,372

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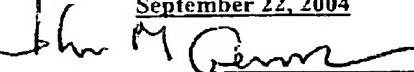
WHITE & CASE

White & Case LLP
1155 Avenue of the Americas
New York, New York 10036-2787

Tel +1 212 819 8200
Fax +1 212 354 8113
www.whitecase.com

Direct Dial + 212-819-8832 JGenova@whitecase.com

Date: September 22, 2004 No. of Pages (including cover): 3
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MS ISSUE FEE
From: John M. Genova Reference No.: 1133279-0017

<p>Re: Issue Fee and Publication Fee Payment U.S. Patent Appln. S/N 10/071,071 <u>Attorney Docket No. : 1133279-0017</u></p>	<p>CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8 I hereby certify that this paper is being Transmitted by facsimile to: MS ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on <u>September 22, 2004</u></p> <p> John M. Genova</p>
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- 2) PTO-2038 – Credit Card Payment Form.

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